

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/554,927
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		2			
4	8		7			
5	8		7			
6	8		7			
7	8		7			
8	/		/			
9	/		/			
10	/		/			
11	3		3			
12	8		7			
13	8		7			
14	6		7			
15	6		7			
16	6		7			
17	/		/			
18	8		7			
19	8		7			
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TOTAL IND.	61	↓	60	↓		↓
TOTAL DEP.	18	←	17	←	17	←
TOTAL CLAIMS	24		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						